

Registration District No. 55

Primary Registration District No. 6262

Registrar's No. 49

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Piddean
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Assisted Living
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County new Madrid

(c) City or town Piddean 72
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHESTER BRUCE LESLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 17 year 1940 hour 11⁰⁰ minute _____ A. M.

21. I hereby certify that I attended the deceased from oct 16, 1940 to oct 17, 1940
that I last saw h. in alive on oct 16, 1940
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Lesley 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased aug 28 1912
(Month) (Day) (Year)

Immediate cause of death myocardial infarction
Uremia

Due to chronic nephritis

Due to _____

Other conditions (include pregnancy within 3 months of death) 171 B

8. AGE: Years Months Days If less than one day

28 1 29 hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business self-employed, farmer

12. Name Elijah W. Lesley

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Ellen M. Pittman

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Lesley

(b) Address Brookline, Piddean, Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation west Royal Ark

18. (a) Signature of funeral director Ernest Chandler

(b) Address Starbuck, Ark

19. (a) Dec 16-40 (b) Elijah W. Lesley
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 541

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. S. Hopkins (M. D. or other) D.M.D.
Address Piddean Date signed 10/17/40

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 2

District File Number 241-273

Date filed 2/19/46

11-11
28875

RECORDS SECTION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 53-

Primary Registration District No. 6262

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Anderson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community: _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Chester Bruce Ledy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 17
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 28 Months 1 Days 29 If less than one day _____ min.

Due to _____

Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace Jossey Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Mountain View Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 1 - 1944 (b) Zeuda Macon
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature F. G. Hopkins (M. D. or other)

Address London Mo Date signed _____

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

9-231

Carl Starkey